

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: 03/11/08		2 Serial/Patent # 10/582,188										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
X	Other Request for Continued Examination 1801	RCEX	03/10/08	\$ 810.00								
7 TOTAL AMOUNT OF REFUND			\$ 810.00									
10 REASON:		8 TO BE REFUNDED BY:										
Overpayment		X Credit Card										
Duplicate Payment		Credit Deposit A/C #:										
X No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
Petition to withdraw from Issue was dismissed thereby making RCE unnecessary.												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: Monica A. Graves		TITLE: Paralegal Specialist										
SIGNATURE:		PHONE: (571) 272-7253										
OFFICE: Office of Petitions												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED:		DATE: 3/13/08										

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*